

SAMPLE COVER/TRANSMITTAL LETTER TO ACCOMPANY REIMBURSEMENT CLAIM

(DATE)

Joyce Bledsoe, P.G. or Timothy R. Denison, Supervisor
Fund Management Section
Oil Remediation & Compliance Bureau
NHDES – WMD
6 Hazen Dr., P.O. Box 95
Concord, NH 03302-0095

Re: [TOWN], [ADDRESS], [SITE/PROJECT NAME] Request for Reimbursement No. [NUMBER], -
[DOLLAR AMOUNT] NHDES No. [#####]

Dear Mr. Denison:

The [PHASE/CORRECTIVE ACTION DESCRIPTION] at the above referenced site is complete. Attached, please find the following documents in support of this reimbursement request:

- **Request for Reimbursement Authorization** [NEEDED FOR 1ST CLAIM FROM CURRENT OWNER OR PAYEE].
- **Owner's Insurance Information** [NEEDED FOR 1ST CLAIM FOR LUST, LAST, FUEL, OPUF, MOST PROJECTS. NOT NEEDED FOR ETHER PROJECTS]
- **Facility Compliance Information** [MAY BE NEEDED ON 1ST CLAIM TO ESTABLISH ELIGIBILITY FOR LUST, LAST, FUEL, OPUF, OR MOST PROJECTS. NOT NEEDED FOR ETHER PROJECTS].
- **Applicant Contract Including Waiver of Claims** [NEEDED FOR PAYMENT TO AN "APPLICANT"].
- **Listing of Invoices** [NEEDED FOR ALL CLAIMS].
- **NHDES Work Scope/Change Order Authorizations** [NEEDED FOR ALL CLAIMS].
- **Contractor and Subcontractor Invoices** [NEEDED FOR ALL CLAIMS].
- **Activity Reports Not Previously Submitted to NHDES** [MAY BE NEEDED].
- **Contaminated Materials – weigh data, analytical data, and certificate of destruction** [MAY BE NEEDED].
- **Employee Payroll, Benefits, and Equipment Operating Cost Data for Work Performed by the Facility Owner** [MAY BE NEEDED].
- **Replacement Backfill Weigh Data – Or – Backfill Waiver Request** [MAY BE NEEDED, SEE SAMPLE BACKFILL WAIVER REQUEST LETTER].
- **Waiver Request for Out-Of-Scope Work** [MAY BE NEEDED, SEE SAMPLE WAIVER REQUEST LETTER].

The payment should be directed to:

[OWNER/"APPLICANT"/CO-PAYMENT/PAYEE – AS APPLICABLE]
[ADDRESS]
[TOWN/CITY, STATE ZIP]

Please call [NAME/the undersigned] at [PHONE NUMBER] if you have questions.

Sincerely,

[NAME, TITLE]
[COMPANY NAME]